

# ALABAMA BOARD OF NURSING

Nursing Education Program Annual Survey Report  
Reporting Period of October 1, 2019 through September 30, 2020

**The following information will auto populate:**

Governing Institution Name:

Address C/S/Z:

President/Chancellor (etc.):

Email:

Website:

## Governing Institution Information

Is your institution accredited? Choose an item.

If yes by what organization? Choose an item.

Accreditation Status: Choose an item.

Last Visit: Choose an item. Next Visit: Choose an item.

**The following information will auto populate:**

Education Program Name:

Address C/S/Z:

Phone:

Email:

Dean/Director: (on file with ABN)

Email Address:

## Nursing Program Information

Is your nursing education program accredited? Choose an item.

If yes by what organization? Choose an item.

Accreditation Status: Choose an item.

Last Visit: Choose an item. Next Visit: Choose an item.

Does your nursing education program utilize Concept-Based Curriculum? Choose Yes or No

What is your Program Type? Choose an item.

If your program is a 1+1  
you will be prompted  
to fill in the PN program  
accreditation information

**NOTE: If your program(s) is in  
candidacy for accreditation,  
choose Yes and indicate as so**

## Program Institutional

<u>Sites</u>	<u>Institutional Site</u>	<u>Nursing Program</u>	<u>Total Number</u>
<u>Institutional Site</u>	<u>Address</u>	<u>Administrator</u>	<u>of Nursing Students</u>
Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.
Click to enter.	Click to enter.	Click to enter.	Click to enter.

If your program is a 1+1 you will be prompted to fill in additional faculty information prior to entering in Budget Allocation data

## Budget Allocations

How many faculty Full Time Equivalents (FTEs) are allocated for your pre-nursing education program by your parent institution? \_\_\_\_ . \_\_\_\_

How many FTEs are currently filled for your prelicensure nursing education program? Insert the following:

Administrative FTEs: \_\_\_\_ . \_\_\_\_

Support FTEs: \_\_\_\_ . \_\_\_\_

## Nursing Program Faculty

### Faculty who also Supervise Students in Clinical

PhD: [Click to enter.](#)

EdD: [Click to enter.](#)

DNP: [Click to enter.](#)

MSN: [Click to enter.](#)

BSN: [Click to enter.](#)

ADN: [Click to enter.](#)

PN: [Click to enter.](#)

PhD (non-nursing): [Click to enter.](#)

MS (non-nursing): [Click to enter.](#)

BS (non-nursing): [Click to enter.](#)

AD (non-nursing): [Click to enter.](#)

**Totals:** [Click to enter.](#)

### Faculty who DO NOT Supervise Students in Clinical

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

[Click to enter.](#)

**Totals:** [Click to enter.](#)

## Nursing Program Clinical Supervisor

PhD: [Click to enter.](#)

EdD: [Click to enter.](#)

DNP: [Click to enter.](#)

MSN: [Click to enter.](#)

BSN: [Click to enter.](#)

ADN: [Click to enter.](#)

PN: [Click to enter.](#)

PhD (non-nursing): [Click to enter.](#)

MS (non-nursing): [Click to enter.](#)

BS (non-nursing): [Click to enter.](#)

AD (non-nursing): [Click to enter.](#)

**Totals:** [Click to enter.](#)

## Ratios: Faculty/Clinical Supervisors to Students

### Type of Activity

### Minimum # of Students

### Maximum # of Students

Didactic / Classroom

[Click to enter.](#)

[Click to enter.](#)

Per 1 Faculty

Skills Lab

[Click to enter.](#)

[Click to enter.](#)

Per 1 Faculty/Clinical Supervisor

Simulation

[Click to enter.](#)

[Click to enter.](#)

Per 1 Faculty/Clinical Supervisor

Acute Care Clinical

[Click to enter.](#)

[Click to enter.](#)

Per 1 Faculty/Clinical Supervisor

Long Term Care

[Click to enter.](#)

[Click to enter.](#)

Per 1 Faculty/Clinical Supervisor

## Personnel Vacancies

Number of Faculty Vacancies: [Click to enter.](#)

Number of Clinical Supervisor Vacancies: [Click to enter.](#)

Select all that apply to recruiting barriers for retaining Faculty and Clinical Supervisors:

- ☐ Salary
- ☐ Benefits
- ☐ Qualifications
- ☐ Location
- ☐ Specialty Area
- ☐ Workload
- ☐ Budget Constraints
- ☐ Other: [enter reason if box is checked]

## Nursing Student Enrollment

Count the students enrolled in your **NURSING** courses as on the **FIRST** day of classes for FALL term 2020

**Entries are for NURSING courses only:**

Students enrolled in NUR 100 or NUR 1000 numbered courses: [Click to enter.](#)

Students enrolled in NUR 200 or NUR 2000 numbered courses: [Click to enter.](#)

Students enrolled in NUR 300 or NUR 3000 numbered courses: [Click to enter.](#)

Students enrolled in NUR 400 or NUR 4000 numbered courses: [Click to enter.](#)

Number of Qualified Students that were admitted or could have been admitted to your Program but were unable to ENROLL during the reporting period: [Click to enter.](#)

Enter all reasons student(s) could NOT be admitted *due to PROGRAM issues*, not financial status of student(s):

- ☐ Lack of clinical sites
- ☐ Insufficient number of faculty
- ☐ Lack of classroom space
- ☐ Insufficient number of Clinical Supervisors (independent of facility)
- ☐ Budget Constraints
- ☐ Limits on enrollment
- ☐ Other: [enter reason if box is checked]

### **-Curriculum: Non-Nursing Courses Pre-Requisite & Co-Requisite**

Course Number	Course Title	Total Credit Hours	Total Theory Clock/Contact Hours	Total Lab Clock/Contact Hours	Course Description
ENG1101	Composition/Mod English	1	15	0	The primary purpose of this course is to assist entering students in acquiring the necessary knowledge and skills...
enter.	enter.	enter.	enter.	enter.	enter.
enter.	enter.	enter.	enter.	enter.	enter.

## Curriculum: NURSING Courses

Course Number	Course Title	Total Credit Hours	Total Theory Clock/Contact Hours	Total Lab Clock/Contact Hours	Sim. Clock/Contact Hours	Direct Patient Clock/Contact Hours	Observation Clock/Contact Hours	Course Description
NU 306	Pharmacology	0	4	0	0	0	0	Introduces the nursing student to basic principles of drug therapy...
NU 309	Course Title	38	28	2	0	0	0	Focuses on patient assessment and nursing diagnosis, utilizing...
enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.	enter.

For the purposes of this report, these definitions regarding Standardized Specialty testing and NCLEX Predictor tests are as follows:

**Standardized Specialty Tests:** Any standardized tests constructed by a company outside the education institution that assess knowledge in a particular subject area or specialty.

**NCLEX Predictor:** A standardized test constructed by a company outside the educational institution whose purpose is stated as predicting success on the national licensing exam (NCLEX).

The test is usually given during the last term of a nursing education program.

## Curriculum Questions

**1. Does your program utilize standardized testing and reference material content?** [Choose an item.](#)

(note: If NO is checked Questions 2-6 do not pop up. Build proceeds to Clinical Sites Outside of Alabama)

**2. If YES, what Standardized Testing and reference material products do you use?**

- ☐ ATI
- ☐ HESI
- ☐ Kaplan
- ☐ Hurst Review
- ☐ PreU by Wolters-Kluwer
- ☐ Passpoint
- ☐ Saunders
- ☐ Other Please specify: [Click to enter.](#)

**3. How does your program utilize information from Standardized Specialty Testing and a NCLEX Predictor Testing? Select ALL that apply:**

- ☐ Our program does not utilize Standardized Specialty Testing.
- ☐ Our program does not utilize a NCLEX Predictor Examination.
- ☐ Our program uses Standardized Specialty Testing as a percentage of the grade in nursing courses (which may include pathophysiology and/or pharmacology), in addition to teacher made tests.
- ☐ Our program uses Standardized Specialty Testing in nursing courses instead of teacher-made tests (which may include pathophysiology and/or pharmacology).
- ☐ Our program uses Standardized Specialty Testing and a NCLEX Predictor Examination to identify students needing remediation to attain the target score on any Standardized Test.

**4. Please select the ONE option that is most descriptive of YOUR nursing education program, regarding the use of Standardized Specialty Testing. Please read the options carefully.**

- ☐ Students scoring less than the target score on Standardized Specialty Testing in any course
  - are not allowed to progress in the curriculum (**until**)
  - required remediation is completed (**and**)
  - are required to re-take the Standardized Specialty Test.
- ☐ Students scoring less than the target score on Standardized Specialty Testing in any course
  - are allowed to progress in the curriculum, (**and**)
  - are required to complete remediation (**and**)
  - retake the Standardized Specialty Test again.
- ☐ Students scoring less than the target score on Standardized Specialty Testing in any course
  - are allowed to progress in the curriculum, (**and**)
  - are required to remediate **but**
  - are not required to take the Standardized Specialty Test again.
- ☐ Students scoring less than the target score on Standardized Specialty Testing in any course
  - are allowed to progress in the curriculum, (**and**)
  - are not required to remediate, (**and**)
  - are not required to take the Standardized Specialty Test again.

**5. Please select the ONE option that is most descriptive of YOUR nursing education program, regarding the use of a NCLEX Predictor Examination. Please read the options carefully.**

- ☐ Students scoring less than the target score on a NCLEX Predictor Examination
  - are required to remediate (**and**)
  - must re-take the test.
  - Students are allowed to graduate without attaining the target score
- ☐ Students scoring less than the target score on a NCLEX Predictor Examination
  - are required to remediate (**and**)
  - must re-take the test.
  - Students are **not** allowed to graduate without attaining the target score.
- ☐ Students scoring less than the target score on a NCLEX Predictor Examination
  - are not required to remediate (**and**)
  - are not required re-take the test.
  - Students are allowed to graduate without attaining the target score.

**6. Are scores on external exams utilized as the sole criterion for barring a student who otherwise has successfully completed all required course work from graduating from the nursing program?**

Choose an item.

## CLINICAL SITES OUTSIDE OF ALABAMA

Does your program utilize clinical sites outside the State of Alabama? [Choose an item.](#)

If you answered **YES** to the preceding question, please select All states that apply. This includes states where students may be sent for preceptorships.

**NOTE: Only the Graduation Rate(s) appropriate to your program(s) will show when entering data**

### Graduation Rate

#### RN Graduation Rate (%)

\_\_\_\_ . \_\_\_\_ %

#### Method used for calculating RN graduation rate

[Click or tap here to enter text.](#)

#### PN Graduation Rate (%)

\_\_\_\_ . \_\_\_\_ %

#### Method used for calculating PN graduation rate

[Click or tap here to enter text.](#)

**NOTE: Only the Job Placement Rate(s) appropriate to your program(s) will show when entering data**

### Job Placement Rate

#### RN Job Placement Rate (%)

\_\_\_\_ . \_\_\_\_ %

#### Method used for calculating RN job placement rate

[Click or tap here to enter text.](#)

#### PN Job Placement Rate (%)

\_\_\_\_ . \_\_\_\_ %

#### Method used for calculating PN job placement rate

[Click or tap here to enter text.](#)

### Substantive Changes

Select all that:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Institution Administrator                  | <input type="checkbox"/> Intent to Close a Program  |
| <input type="checkbox"/> Nursing Program Administrator                     | <input type="checkbox"/> Expand or Collapse, Combine, Or Separate program(s)  |
| <input type="checkbox"/> Governance Structure of Parent Institution        | <input type="checkbox"/> Reduction in nursing program faculty size exceeding 30%  |
| <input type="checkbox"/> Ownership or Merger of Parent Institution         | <input type="checkbox"/> Annual Turnover rate in faculty greater than 30%   |
| <input type="checkbox"/> Accreditation Status of Parent Institution        | <input type="checkbox"/> Percentage of total nursing faculty...as full-time faculty falls below 30%   |
| <input type="checkbox"/> Accreditation Status of Nursing Education Program | <input type="checkbox"/> Utilization of virtual or simulation lab in lieu of a 'hands-on' lab for anatomy and physiology lab                    |
| <input type="checkbox"/> Nursing Education Program Name                    | <input type="checkbox"/> Utilization of virtual or simulation lab in lieu of any required direct clinical hours for national certification exam |
| <input type="checkbox"/> Relocation  |   |
| <input type="checkbox"/> Significant Curriculum Changes                    |   |

Explanation: [Click to enter.](#)

**For the entire reporting period for Fiscal Year 2020 (October 1, 2019 through September 30, 2020), my signature as the Nursing Program Administrator below affirms:**

1. All nursing Faculty members have an active unencumbered Alabama registered nurse license, or a multistate registered nurse license issued by a party state.
2. All nursing Faculty have at least one graduate degree in nursing or health-related field.
3. The information contained in this Nursing Education Annual Report is true and accurate.
4. The faculty/student ratio during clinical experiences in licensed hospitals providing acute care was maintained at 1:8 or less.
5. The nursing program has written plan for systematic evaluation of the total program that is comprehensive, demonstrates ongoing evaluation, is based on program outcomes, and incorporates continuous improvement.
6. Opportunities are provided for students to regularly participate in the development, implementation and evaluation of the program.
7. Institutional and program policies are written, published and publicly available.
8. An incomplete report, inaccurate data in the report, or failing to submit the report as required may result in a deficiency for my nursing program and/or discipline for me as Nursing Program Administrator.

My electronic signature affixed below demonstrates my agreement with each of the above affirmations.

Full Name of Nursing Program Administrator

Click to enter.

Title of Nursing Program Administrator

Click to enter.

Signature of Nursing Program Administrator

Click to enter.

Nursing Program Administrator Email

Click to enter.

Nursing Program Administrator Phone

Click to enter.

**PLEASE NOTE: IF YOU ARE NOT THE NURSING PROGRAM ADMINISTRATOR ON FILE AT THE ABN, YOU MUST ENTER YOUR INFO BELOW.**

Signature of person preparing report  
if other than Nursing Program Administrator

Click to enter.

Title of person preparing the report

Click to enter.

Full Name of Preparer

Click to enter.

Preparer's Email

Click to enter.

Preparer's Phone

Click to enter.